ANA
MASSACHUSETTS
AMERICAN NURSES ASSOCIATION

March 25, 2015

Chairman Altman and Members of the Health Policy Commission:

My name is Tara Tehan and I am President of the American Nurses Association Massachusetts. As the state constituent member of the American Nurses Association, the oldest professional nursing organization in the United States, the American Nurses Association – Massachusetts (ANA-MA), represents the interests of the registered nurses across Massachusetts. Our members include nurses who practice in a variety of settings, providing direct care as well as nurses in management, academia, and advanced practice roles. As the President, I am here today to provide testimony on behalf of ANA-MA on the issue of intensive care unit nurse staffing as it relates to proposed regulations 958 CMR 8.0 Registered Nurse-To-Patient Ratio in Intensive Care Units in Acute Hospitals.

Registered nurse staffing is a complex process that requires the consideration of many factors. The American Nurses Association – Massachusetts applauds the Health Policy Commission for recognizing the complexity of this issue in the proposed regulations. We believe that by requiring a process for selection of an acuity tool, rather than a specific acuity tool, the Commission has recognized the diversity in hospitals and patient populations across Massachusetts.

We agree with the proposed regulations outlined in section 8.05 Assessment of Patient Stability and Determination of Patient Assignment. We believe the regulations recognize the important role of the staff nurse in assessing patient acuity while also recognizing the responsibility of the Nurse Manager in ensuring the safety of a cohort of patients within an intensive care unit.

However, key changes are required to the draft regulations.

8.04 Staff Nurse Patient Assignment in Intensive Care Units

In section 8.04 the proposed regulations state, "The maximum Patient Assignment for each Staff Nurse may not exceed two ICU Patients at any time during a shift". The proposed regulations should be revised to address emergency situations that require staffing to exceed a nurse patient ratio of one nurse to two patients. For example, a government declaration of emergency, a catastrophic event, or a hospital emergency may require an exception to the law to ensure that all patients within the hospital, and presenting to the hospital, are adequately cared for.

8.06 Development or Selection and Implementation of the Acuity Tool

Section 8.06 2.b states, "Formation of an advisory committee to make recommendations to the Acute Hospital on the development or selection and implementation of the Acuity tool, which committee shall be composed of at least 50 percent Registered Nurses who are not Nurse Managers, a majority of whom are Staff Nurses, and other members selected by the hospital including but not limited to representatives of nursing management, and other appropriate ancillary and medical staff." ANA-MA applauds the acknowledgement of the role of the nurse in the development of the acuity tool and recommends adding "practicing in intensive care units" after Staff Nurses to read "which committee shall be composed of at least 50 percent Registered Nurses who are not Nurse Managers, a majority of whom are Staff Nurses, *practicing in intensive care units*, and other…"

8.08 Records of Compliance

Regarding Section 8.08 Records of Compliance, We would recommend maintaining records of staffing compliance for 7 years for adults and 10 years for pediatrics to be consistent with the length of time that medical records are mandated to be kept.

8.13 Implementation Timeline

Finally, the selection of an Acuity Tool requires a thoughtful process that is inclusive of the multiple stakeholders within an Acute Hospital. The October 1, 2015 deadline for Acute Hospitals to submit a tool to the Department does not provide sufficient time. The deadline for implementation should be extended to January 31, 2016.

In regards to the proposed nurse staffing quality measures, the American Nurses Association Massachusetts believes an effective evaluation of staffing plans requires the consideration of both patient and staff measures. We support the HPC's selection of the four quality measures (CLABSI, CAUTI, Hospital Acquired Pressure Ulcers, and Patient Fall Rate), however we believe hospitals should be required to report Registered Nurse Hours per Patient Day as well. The inclusion of Registered Nurse Hours per Patient Day will reflect the variability in the number of productive hours worked by RNs with direct patient care responsibility and will build on the already self-report measure of hours per patient day on the *PatientCareLink*. In addition, because the evidence and science in measuring quality is continually evolving, the regulations should address a process for reviewing and continually updating the reported measures. We recommend that an advisory committee be formed to oversee and monitor the quality measures.

Thank you for the opportunity to provide testimony before this Committee.

Sincerely,

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